

OFFICE OF ASSESSOR-COUNTY CLERK- CHY OF EDSTER OF MARK CHURCH RECORDER & ELECTIONS COUNTY OF SAN MATEO

CHIEF ELECTIONS OFFICER & Assessor-County Clerk-Recorder PM 12: 20

Ballot Measure Primary Argument Submission Form

A ballot argument shall not be accepted unless accompanied by this completed form, which shall contain the printed name(s) and signature(s) of the person(s) submitting it or, if submitted on behalf of a bona fide association of citizens/organization, the name of the association/organization and the printed name and signature of at least one of its principal officers. If the measure is presented to voters pursuant to an initiative petition in a special district election, please contact the Elections Office for special instructions.

Word o	measure TT for the City of For	LeiCity to be held on Nov 6, 2018				
		Argument Against				
This	argument is submitted by: (check all that applement The Governing Body of the County of San Malf this argument is filed by the governing body of the County name of the governing body on the line below and complete Governing Body: Contact Person's Printed Name: Title:	teo, a School District, or a Special District of San Mateo, a school district or a special district, fill in the				
	Phone:	Email:				
	Member(s) of the Governing Body of the County of San Mateo, a School District, or a Special District If this argument is filed by any member(s) of the governing body, fill in the information below and complete both sides of this form. By statute, members of school district governing boards need board authorization to file an argument. Member(s) of the Governing Body: Name of Governing Body:					
	Contact Person's Printed Name:	Contact Person's Signature:				
	Title:					
	Phone:	Email:				
V	Bona Fide Association of Citizens/Organization If this argument is filed by a bona fide association of citizens/organization, the signers of the argument must be affiliated with the association/organization, be authorized to sign the argument on its behalf, provide the printed name and signature of at least one principal officer of the organization, and complete both sides of this form. Name of Association/Organization: Libertarian Party of San Mateo County CA					
	Principal Officer's Printed Name and Title: Harland Harrison, Chair	Principal Officer's Signature:				
	Contact Person's Printed Name: Harland Harrison	Email:				
	Phone:	Fax:				
	Individual(s) eligible to vote on the measure Individual signers must be eligible to vote on the measure.					
	Contact Person:	Phone:				
	Mailing Address:					
	Fax:	Email:				

Please complete the reverse side of this form.

Primary Argument Signers Form			which c	gner mus apacity th	ey are s	igning."			
No more than five signatures shall appropriatures are submitted, the first five	- Unecks	he <u>one</u> bo	х паса	\ \ \					
1 "	Names and titles listed will be printed in the order that they are listed below.					Individual(s) eligible to vote on the measure			
If the signers are part of a bona fide ass	ociation/organization,	there is no	Governing Body of San Mateo County, a School District, or a Special District	Member(s) of the Governing Bo of San Mateo County, a School District, or a Special District	jo t	vote			
requirement that they be eligible to vote	of Sa Dist	Gov unty,	Bona Fide Association of Citizens/Organization	ble to					
signing individual(s), the title under the signer's name shall list the name of that bona fide association/organization and may include their position within that					ssoc	eligil			
association/organization.					de A /Org	(8) a			
By signing below, the undersigned state that they have read the argument and					na Fí zens	ividu			
believe it not to be false or misleading.				Member(s) of San Mat District, or	88 Cilt	E E			
1. Name:	Title:	•							
Phone:	Email:		<u> </u>	<u> </u>	_l				
						}			
Address:									
Signature: Date:									
Name:	Title:					<u> </u>			
2. Harland Harrison	Chair, Libertarian Party	of San Mateo County C	AΩ		V				
Phone:	Email:								
Address:									
Belmont CA 94002 Signature: Date: 0. / 2 - 0. / C									
Ognature,	Date: 8 - 17	-2018							
3. Name:	Title:								
Phone:	Email:								
Address:									
Signature: Date:									
4. Name:	Title:								
Phone:	Email:								
Address:									
Signature:	Date:								
5. Name:	Title:								
Phone:	Email:								
Address:				•					
Signature:	Date:								
Submit a second form (this side only) for alternate signers attached to this form and the argument.									
FOR OFFICIAL USE ONLY Signers									
Bona Fide Association	N/A	Signed		Dated					

Angument
Against Measure TT Argument Against Foster City Transient Occupancy Tax

- 13 Taxation without representation is tyranny! This measure taxes travelers where they do not 2 get to vote.
- 19 What kind of a people are we? Tax the visitors; tax our guests? Tax the homeless family in a 1 motel?

16 Sacramento should never be allowing this. Foster City raises the tax on its hotels, and other 17cites raise the tax on your room when you travel. This is turning people against each other; 4 like a tariff war.

If Why aren't taxes made equal? Don't we get the equal protection promised by the 14th 10 Amendment? This tax is wrong. Don't be tempted. Just say "No".

It In fact, this measure should not even be allowed on the ballot. The ballot statement is If argumentative, a prejudiced question written to make it pass. AB 195 outlawed to argumentative and biased statements, but governments still try them anyway.

19 Nothing in the actual law says the City Council really has to spend the tax on parks or the Fire 15 Department, or do anything in particular with the money. The actual law says the money is 15 unrestricted and they can spend it as they please. But the ballot statement might mislead 13 you to think some money is reserved for important uses. It is not.

4 Don't tax a guest!

5 Just vote No on TT

Harland Harrison Chair, Libertarian Party of San Mateo County CA

205